| ORDER FOR SUPPLIES OR SERVICES   |                  |            |            |   |                                |   |   |                        | PA  | <b>GE 1 OF</b> 5   |               |                                       |                   |                             |   |
|--|------------------|------------|------------|---|--------------------------------|---|---|------------------------|---|--|---------------|---------------------------------------|-------------------|-----------------------------|---|
|  |                  |            |            |   |                                |   |   |                        |   |  |               |                                       |                   |                             |   |
|  |                  |            |            | R/AGREEMENT NO.   | 2. DELIV                       | ERY ORDER   | /CALL NO.   | (YY                    | ATE OF ORDE<br>YYMMMDD)   | ER/CA  |               | UISITION/PURCE                        | I REQUEST NO.     | QUEST NO. 5. PRIORITY  DOA5 |   |
| W52H09-04-P-0634  6. ISSUED BY CODE W52H09 7. ADMINISTED   |                  |            |            |   |                                |   | 2004OCT07 SEE SCHEDULE  ED BY (If other than 6) CODE S0 |                        |   | S0513A   | _             | DOAS<br>DELIVERY FOB                  |                   |                             |   |
| TACOM-ROCK ISLAND  AMSTA-LC-CFA-B  RITA HICKROD (309)782-4858  ROCK ISLAND IL 61299-7630  EMAIL: HICKRODR@RIA.ARMY.MIL  DCMA 34 C ROCM SANT. |                  |            |            |   | IA SA<br>CIVI<br>OM 81<br>TA A | SANTA ANA<br>IVIC CENTER PLAZA<br>813A<br>A ANA CA 92701-4056 |   |                        |   |  | X             | DESTINATION OTHER (See Schedule if    |                   |                             |   |
| 9. CONTR   | ACTOR            |            |            |   | CODE                           | 0EFR2   | SCD: C  |                        | PAS: No   | PAS: NONE ADP PT: HQ0339  10. DELIVER TO FOB POINT BY (Date) |               |                                       |                   |                             | other) X IF BUSINESS IS   |
| CONNECTEC COMPANY INC 1701 REYNOLDS AVE NAME IRVINE, CA. 92614-5711 AND ADDRESS  |                  |            |            |   | _                              | • (YYYYMMDD)  SEE SCHEDULE  12. DISCOUNT TERMS  1.00% 10 Days |   |                        |   |  |               | SMALL SMALL DISADVANTAGED WOMAN-OWNED |                   |                             |   |
|  | •                |            |            |   |                                |   |   |                        | •   | 13. N  | IAIL INVOICE  | ES TO THE ADDR                        | ESS IN BLOCK      |                             |   |
| 14. SHIP T   |                  | BU         | JSI:       | NESS: Other Sm  | CODE                           | iness Peri  |   |                        | L BE MADE B   |  | e Block 15    |                                       | соре ноозз        | 2 0                         | MARK ALL  |
|  | SCHEDULE         |            |            |   | CODE                           |   | DFA<br>DFA<br>PO  | S CO<br>S-CO<br>BOX    | LUMBUS CENTERS OF ASSESSED BY | NTER<br>ITLE   | MENT OPER     |                                       | CODE NOS          | 5.5                         | PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2 |
| 16.<br>TYPE  | DELIVERY<br>CALL | 7          |            | THIS DELIVERY ORDE  | R IS ISSUED                    | ON ANOTHER (  | GOVERNMENT AG   | GENCY                  | OR IN ACCORDA   | ANCE V   | VITH AND SUBJ | ECT TO TERMS ANI                      | CONDITIONS OF A   | BOVE N                      | UMBERED CONTRACT.   |
| OF<br>ORDER  | PURCHASE         |            | x          | Reference your  | Oral                           |   | Quotation W5  |                        |   | , 1  | Dated         | ·                                     |                   |                             |   |
|  |                  |            |            | ACCEPTANCE. TH<br>BEEN OR IS NOW M                              |                                |   |   |                        |   |  |               |                                       |                   |                             | Y PREVIOUSLY HAVE   |
| NAME OF CONTRACTOR SIGNATURE  If this box is marked, supplier must sign Acceptance and return the following number of cop                    |                  |            |            |   |                                | opies:  | TYPED NAME AND TITLE DATE SIGNED (YYYYMMMDD)  oles:     |                        |   |  |               |                                       |                   |                             |   |
|  | SCHEDULE         |            | PPR        | OPRIATION DATA/L  | OCAL USE                       |   |   |                        |   |  |               |                                       |                   |                             |   |
| 18. ITEM   |                  |            | HEL        | OULE OF SUPPLIES/S  | ERVICE                         |   |   | (                      | O. QUANTITY<br>ORDERED/<br>ACCEPTED*  |  | 21.<br>UNIT   | 22. UNIT PRIC                         | E 23. AMOUN       | T                           |   |
|  | KII              | NTE<br>Fin | RAC<br>rm- | EDULE<br>TT TYPE:<br>Fixed-Price<br>CONTRACT:<br>y Contracts an | d Price                        | d Orders  |   |                        |   |  |               |                                       |                   |                             |   |
|  | accepted by t    |            |            |   | 4. UNITED                      | STATES OF A   |   | a r an                 | TD /  |  |               |                                       | 25. TOTAL         |                             | \$2,382.80  |
| If differen  |                  | qua        | ntit       | y accepted below  | <b></b>                        |   | DEWINTER /<br>D@RIA.ARMY                                |                        |   |  |               | DDEDDIG OFFI                          | 26.<br>DIFFEREN   | CES                         |   |
|  | NTITY IN CO      |            |            | 20 HAS BEEN   | BY:                            |   |   |                        |   | COI  | NIKACTING/C   | ORDERING OFFI                         | EK                |                             |   |
|  | PECTED           | TI I       |            | CCEIVED   |                                |   | ORMS TO CON   |                        |   | NOTE   |               | D NAME AND TE                         | ELE OF ALITHOD    | ZED C                       | ONEDNIMENT  |
| D. SIGNA   | TURE OF AU       | тн         | OKI        | ZED GOVERNMENT  | KEPKESE                        | NIATIVE   |   |                        | c. DATE<br>(YYYYMMMDD)  d. PRINTED NAME AND TITLE OF AUTHORIZ<br>REPRESENTATIVE   |  |               |                                       |                   | IZED G                      | OVERNMENT   |
| e. MAILI   | NG ADDRESS       | OF         | AU         | THORIZED GOVERN   | MENT RE                        | PRESENTATI  | VE  | 2                      | 28. SHIP. NO. 29. D.O. VOUCHER NO.  |  | 30. INITIAL   | S                                     |                   |                             |   |
| f. TELEPHONE NUMBER g. E-MAIL ADDRESS  |                  |            |            |   |                                | ַן ב  | PARTIAI   | Ĺ                      | 32. PAID BY 33.   |  |               | T VER                                 | IFIED CORRECT FOR |                             |   |
| g Parine invalues  |                  |            |            |   |                                | 3   | FINAL<br>51. PAYMENT                                    |                        |   |  |               | BER                                   |                   |                             |   |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.  |                  |            |            |   |                                | <b>-</b> [  | COMPLETE  |                        |   |  |               |                                       |                   |                             |   |
| a. DATE b. SIGNATURE AND TITLE OF CERTIFYING OFFICER (YYYYMMMDD)   |                  |            |            |   | ] [                            | PARTIAI FINAL   | Ĺ   | 35. BILL OF LADING NO. |   |  |               | NG NO.                                |                   |                             |   |
| 37. RECEIVED AT  38. RECEIVED BY (Print)  39. DATE RECEIVED (YYYYMMMDD)  40. TOTAL CONTAINERS  41. S/R ACCOUNT NUMBER TAINERS                |                  |            |            |   | OUNT NUMBER                    | 42. S/R VOUCHER NO.   |   |                        |   |  |               |                                       |                   |                             |   |

| CONTINUATION CHEET | Reference No. of Document Be | Page 2 of 5 |  |
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| CONTINUATION SHEET | PIIN/SIIN W52H09-04-P-0634   | MOD/AMD     |  |

Name of Offeror or Contractor: CONNECTEC COMPANY INC

SUPPLEMENTAL INFORMATION

PHOSPHATE COATING PROCEDURES ARE REQUIRED IN ACCORDANCE WITH TT-C-490. IT IS REQUESTED THAT PROCEDURES BE SUBMITTED FOR APPROVAL WITHIN SIX WEEKS AFTER DATE OF AWARD.

\*\*\* END OF NARRATIVE A 005 \*\*\*

EARLIER DELIVERY IS ACCEPTABLE AT NO COST TO THE GOVERNMENT.

\*\*\* END OF NARRATIVE A 006 \*\*\*

CONTINUATION SHEET

## Reference No. of Document Being Continued **PIIN/SIIN** W52H09-04-P-0634 MOD/AMD

**Page** 3 **of** 5

Name of Offeror or Contractor: CONNECTEC COMPANY INC

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE  | AMOUNT      |
|---------|--|----------|------|-------------|-------------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |             |             |
| 0001    | NSN: 4130-01-367-0244<br>FSCM: 19200<br>PART NR: 12553840<br>SECURITY CLASS: Unclassified  |          |      |             |             |
| 0001AA  | PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV   | 37       | EA   | \$64.40000  | \$2,382.80  |
|         | NOUN: FILTER-DRIER, REFRIG PRON: M141F248M1 PRON AMD: 02 ACRN: AA AMS CD: 070011   |          |      |             |             |
|         | Packaging and Marking  |          |      |             |             |
|         | Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin  |          |      |             |             |
|         | Deliveries or Performance           DOC         SUPPL           REL CD         MILSTRIP         ADDR         SIG CD         MARK FOR         TP CD           001         W52H093294A054         W25G1U         J         1           DEL REL CD         QUANTITY         DEL DATE           001         37         03-MAR-2005 |          |      |             |             |
|         | FOB POINT: Destination   |          |      |             |             |
|         | SHIP TO: PARCEL POST ADDRESS  (W25G1U) XU TRANSPORTATION OFFICER  DDSP NEW CUMBERLAND FACILITY  BUILDING MISSION DOOR 113 134  NEW CUMBERLAND PA 17070-5001  |          |      |             |             |
|         | CONTRACT/DELIVERY ORDER NUMBER W52H09-04-P-0634/0000   |          |      |             |             |
| 0002    | DATA ITEM  |          |      | \$** NSP ** | \$** NSP ** |
|         | SECURITY CLASS: Unclassified   |          |      |             |             |
|         | Contractor will prepare and deliver the technical data in accordance with the requirements, quantitites and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic  |          |      |             |             |

**CONTINUATION SHEET** 

## Reference No. of Document Being Continued PIIN/SIIN W52H09-04-P-0634 MOD/AMD

Page 4 of 5

Name of Offeror or Contractor: CONNECTEC COMPANY INC

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
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|         | delivery information.  |          |      |            |        |
|         | A DD250 IS NOT REQUIRED  |          |      |            |        |
|         |  |          |      |            |        |
|         | (End of narrative B001)  |          |      |            |        |
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|         | Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Destination |          |      |            |        |
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| ·           | CONTIN   | II A TION | CHEET      | Reference No. of Document Being Continued |      |        |          |        |          |      | Page 5 of 5 |  |
|-------------|--|-----------|------------|---|------|--------|----------|--------|----------|------|-------------|--|
|             | CONTIN   | UATION    | SHEET      | PIIN/SIIN W52H09-04-P-0634                |      |        | ŀ        | MOD/   | AMD      |      |             |  |
| Name        | Name of Offeror or Contractor: CONNECTEC COMPANY INC |           |            |   |      |        |          |        |          |      |             |  |
| CONTRAC     | T ADMINISTRA   | TION DATA |            |   |      |        |          |        |          |      |             |  |
|             | PRON/  |           |            |   |      |        | ċ        | ЈОВ    |          |      |             |  |
| LINE        | AMS CD/  | OBLG      |            |   |      |        | (        | ORDER  | ACCOUNTI | NG   | OBLIGATED   |  |
| <u>ITEM</u> | MIPR   | ACRN STAT | ACCOUNTING | CLASSIFICATION                            |      |        | <u>1</u> | NUMBER | STATION  |      | AMOUNT      |  |
| 0001AA      | M141F248M1   | AA 2      | 97 X4930A  | .C6G 6D                                   | 26FB | S11116 |          |        | W52H09   | \$   | 2,382.80    |  |
|             | 070011   |           |            |   |      |        |          |        |          |      |             |  |
|             |  |           |            |   |      |        |          |        | TOTAL    | \$   | 2,382.80    |  |
| SERVICE     | :  |           |            |   |      |        |          | ACCOU  | NTING    |      | OBLIGATED   |  |
| NAME        | TOTA   | L BY ACRN | ACCOUNTING | CLASSIFICATION                            |      |        |          | STATI  | ON       |      | AMOUNT      |  |
| Army        |  | AA        | 97 X4930A  | .C6G 6D                                   | 26FB | S11116 |          | W52H0  | 9        | \$ _ | 2,382.80    |  |
|             |  |           |            |   |      |        |          |        | TOTAL    | \$   | 2,382.80    |  |